

**PREAPPLICATION STATEMENT OF INTENT**US Department of Transportation
Federal Aviation Administration

Agency Display of Estimated Burden: The FAA estimates that the average burden for this report form is 5 hours for the requirements in FAR Part 121.26 and 40 hours for the requirements in FAR Part 121.47 for each response. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Office of Management and Budget. You may also send comments to the Federal Aviation Administration, Air Transportation Division, AFS-200, 800 Independence Avenue, SW, Washington, DC 20591, Attention: OMB number 2120-0008.

Section 1A. To Be Completed By All Applicants

1. Name and mailing address of company	2. Address of principal base where operations will be conducted (do not use post office box)
3. Proposed Start-up date	4. Requested three-letter company identifier in order of preference 1. 2. 3.

5. Management Personnel

Name (Last, first, middle)	Title	Telephone (including area code)

Section 1B. To Be Completed By Air Operators**6. Proposed type of operation (check as many as applicable)**

- | | | | |
|--|-----------------------------------|--|---|
| <input type="checkbox"/> Air Carrier Certificate | <input type="checkbox"/> Part 121 | <input type="checkbox"/> Passengers and Cargo | <input type="checkbox"/> Single Pilot Operator |
| <input type="checkbox"/> Operating Certificate | <input type="checkbox"/> Part 125 | <input type="checkbox"/> Cargo Only | <input type="checkbox"/> Single Pilot-in-Command Operator |
| | <input type="checkbox"/> PArt135 | <input type="checkbox"/> Scheduled Operations | <input type="checkbox"/> Basic Part 135 Operator |
| | | <input type="checkbox"/> Nonscheduled Operations | |

Section 1C. To Be Completed By Air Agencies**7. Proposed type of agency and rating(s)**

- | | |
|--|--|
| <input type="checkbox"/> Part 145 Repair Station | <input type="checkbox"/> Part 147 Maintenance Technical School |
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Airframe |
| <input type="checkbox"/> Foreign <input type="checkbox"/> New <input type="checkbox"/> Renew | <input type="checkbox"/> Powerplant |
| <input type="checkbox"/> Satellite | <input type="checkbox"/> Both |
| <input type="checkbox"/> Airframe <input type="checkbox"/> Instrument | |
| <input type="checkbox"/> Powerplan <input type="checkbox"/> Accessory | <input type="checkbox"/> Part 149 Parachute Loft |
| <input type="checkbox"/> Propeller <input type="checkbox"/> Specialized Service | |
| <input type="checkbox"/> Radio | |

Section 1D. To Be Completed By Air Operators

8. Aircraft Data	9. Geographic area of intended operations
Numbers and types of aircraft (by make, model, and series)	Number of passenger seats or cargo payload capacity

Section 1A. To Be Completed By All Applicants**10. Additional information that provides a better understanding of the proposed operation or business** *(attach additional sheets, if necessary)***11. The statements and information contained on this form denote an intent to apply for FAA certification.**

Signature

Date

Name and Title

Section 2. To Be Completed By FAA District Office

Received by (district office):

Date forwarded to Region:

Date:

For:

☐

Action

☐

Information only

Remarks

Section 3. To Be Completed By Regional Office

Received by:

Precertification Number:

Date:

Date coordinated with AVN-120:

District office assigned responsibility:

Date forwarded to district office:

Remarks